



**Louisville Metro Community Action Partnership
SUMMER FOOD SERVICE PROGRAM
REGISTRATION/AGREEMENT**



SITE INFORMATION

Site Name:		Site Contact Person:	
Site Address (include zip code):		Type of Site (circle one): School / Church / Park Res. Camp / Rec. Center / Other	
Is this the mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is the mailing address?		
Name of 2 adults to be certified:		Site Phone Number:	Alternate Phone Number:
		()	()
Email Address:			
Maximum number of children this site could serve:			
For the estimated number of children, does the site have: (Check all appropriate boxes below)			
<input type="checkbox"/> Shelter for inclement weather	<input type="checkbox"/> Storage for delivered food	<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Access to a telephone <input type="checkbox"/> Organized Activities
List inclement weather address, if different from above:			
Quantity & Type of Refrigerators:			
List Organized Activities:			

MEAL INFORMATION

Dates your site will operate (Between June 5 th -Aug. 11 th): / / to / /		List any days your site will be closed on a regular basis:				
Please indicate meal(s) desired (Choose only 2, you may not receive Lunch & Supper meals together)		<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper
Please indicate the time you will serve meal(s):						
Breakfast (1 hour)	AM Snack (1 hour)	Lunch (2 hours)	PM Snack (1 hour)	Supper (2 hours)		
Please indicate the number of meal(s) needed for your first day of operation (Please do not estimate too high):						
Breakfast	AM Snack	Lunch	PM Snack	Supper		

DELIVERY INFORMATION

Please indicate your designated drop off point be for the tailgate meal delivery: (Parking lot, back building, etc.) <i>Please be as specific as possible.</i>	
Earliest time meal(s) can be delivered:	

SITE AGREEMENT

The person named above agrees to: 1. Serve meals to all children 18 years of age and under (or persons 19 and over who are mentally or physically disabled and participating in a public or private nonprofit school program for the mentally or physically disabled). 2. Serve meals that meet the minimum meal pattern requirements. 3. Provide adequate supervision during the meal service. 4. Maintain and submit promptly such reports and records that the sponsor requires. 5. Report to the sponsor any changes in the number of meals required as attendance fluctuates. 6. Report any other problems regarding the meal services. 7. Comply with civil rights laws and regulations. 8. Attend sponsor-training sessions.	
Site Supervisor signature	Date